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Rose-Kyle Hoskins

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Teaching Visually Handicapped Children

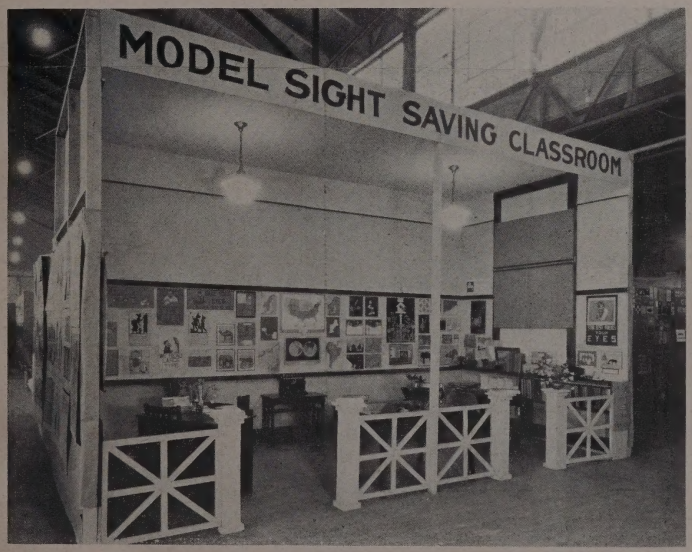
Sight Saving Classes, Which Had Their Beginning in 1913, Have Developed Slowly But with the Experimental Stage Passed Rapid Progress Is Assured

By ROSE-KYLE HOSKINS, Demonstration School, Peabody College for Teachers, Nashville, Tennessee

EDUCATIONAL advantages have long been given to the normal child. The public school became an integral part of our early colonial life. In the early years of 1800 people became interested in blind children, realizing that they could see with their fingers and could, and should, be given an education. Methods were devised to meet their peculiar needs. Today every state makes provision for its blind children, usually in a generous manner.

Not until 1913 was any serious consideration given to the education of children with a visual handicap, imperfect vision. Children of this class fall into an unstable position between the blind and the normal child. They seem to be, educationally, "neither flesh, fowl, nor good red herring." They even present an awkward nomenclature. There is no word, nor simple phrase, with which to designate them. Visually handicapped, visually crippled, semi-sighted, such descriptions are clumsy. But worse, far worse, is the term semi-blind which slips so easily off the tongue. A child who cannot see well is no more semi-blind than one who cannot walk well is semi-dead! Let us avoid this phrase with the unpleasant implication.

Some student of Greek should recommend a term to classify the visually handicapped, as was chosen the term "moron" for the mentally handicapped. We speak of a physically handicapped person as "crippled" with no hesitation or feeling of undue regret. We need such a term for the child with low vision.



Model sight saving class room exhibit arranged by the National Committee for the Prevention of Blindness at the National Education Association Conference, Dallas, Texas.

In 1913 Edward E. Allen of Perkins Institute for the Blind, realized that a school for the blind was no place for children who could see, even though imperfectly. He investigated the English myope schools and introduced the idea into the school system of Boston, Massachusetts. Cleveland almost immediately followed, encouraged by Mr. Erwin, a blind man, who foretold a great opportunity for preventing blindness. Cleveland today has twenty-seven classes and a class for teachers of sight conservation. No department of that school system is more valued than the sight saving classes, as they are called.

Fifty-seven other cities, all the big northern, western, and eastern cities, now have such classes. In the South, New Orleans has five; Atlanta, two; and Richmond, one. Memphis and Birmingham are sending teachers to be trained. Three universities have been training teachers, Cincinnati, Western Reserve, and University of California. George Peabody College for Teachers, Nashville, Tennessee, was a pioneer in training for this work, having already conducted classes during four different summer sessions. Teachers are needed badly.

Slow Development

There are now 220 classes in the United States. Mrs. Hathaway, associate director of the National Committee for the Prevention of Blindness, speaks of this development as slow, saying: "This slow development is due to many reasons, among which are the expense of establishment and maintenance of the class, the small number of children who can be cared for by each teacher, the lack of equipment, and especially, the dearth of trained workers. However, educators realize the experimental stage is past and sight saving classes will soon be a part of every efficient school system."

Several questions come to mind. First, how many children may one expect to require this further assistance through the public schools? It has been found, in general, to be about one child in each five hundred, varying with the sanitary conditions and the efficiency of school medical attention.

Secondly, people wish to know what type of eye diseases are included. In general they fall in two groups. In one are children having between twenty/sixtieths and twenty/two hun-

The Seymour Plan and Disease Prevention

Official and Voluntary Health Agencies of North America Have Joined Hands in the New Campaign Against Diphtheria, Small Pox, and Typhoid Fever

By M. M. SEYMOUR, M.D., D.P.H., Deputy Minister, Department of Public Health of Saskatchewan, Regina

HEALTH is wealth and sickness is poverty, and communicable diseases cause a very large amount of the illness from which people suffer. How much sickness costs the country is a difficult question to answer, but some idea may be had by considering the enormous sums of money expended in the construction, equipment and maintenance of different kinds of hospitals, as well as the fact that about one-half of the amount spent on charity and relief is due to the results of preventable disease. A recent report of the Ministry of Health of England states that at least 14,000,000 weeks' work are lost every year in that country on account of sickness. This loss of producing power to the country would capitalize into very great figures in comparison with the small amount required to prevent this sickness.

The Greatest Asset

A good working public health department is the greatest asset that any government can have. While it should be the duty of every intelligent citizen to protect himself and his children from communicable diseases, he cannot do this without assistance. The first and most valuable help that can be given is that of education regarding disease. Eighty-five per cent of public health work should be of an educational character. It was the epidemic of cholera which killed fifty thousand people in England in the year 1831 that caused the first modern public health movement to be started through state action. A very superficial investigation at that time demonstrated the fact that it would be cheaper at almost any price to the taxpayer to prevent the ravages of disease, which, if an attempt were made to estimate the losses caused by it, would reach an unbelievable figure.

The realization of the truth of the above urged me to bring forward, in my presidential address at the Conference of State and Provincial Health Authorities of North America, in Atlantic City last May, the idea of a concerted and intensive drive against the three communicable and preventable diseases. which take altogether too heavy a toll of life in the North American continent. Namely, these are diphtheria, small-pox, and typhoid fever.

The fact that this plan, known as the "Seymour Plan," was enthusiastically taken up by this Conference, by medical associations throughout Canada and the United States, as well as by various associations and individuals, is now history. The drive against diphtheria and small-pox started in September and has continued through the winter, and that against typhoid fever was launched the first of April. The "Plan" is getting results through cooperation, concentration, and education.

Cooperation is secured through all health agencies, official and voluntary on the North American continent, the Canadian Medical Association, the American Medical Association, the Federal Department of Health in Canada, the United States Public Health Service, the churches, the press, educational authorities, and all other agencies that can in any way assist.

United Action

Concentration of effort on the part of the foregoing organizations, by propaganda and publicity in the daily and weekly press, current magazines, and moving picture theatres, and by public addresses is making more than a surface impression and already the people in the various districts are awakening to the value of preventive work against these communicable diseases.

Education of the public to the fact that diphtheria, small-pox and typhoid fever are communicable and preventable and by making use of the knowledge which medical science has made available, that these diseases can be prevented, is making gratifying progress.

This concentrated effort at disease reduction has met with most encouraging success and interesting data has come in from various provinces and states though, of course, no definite statistics can as yet be given. In Saskatchewan many municipalities and school districts have taken the matter up, employing a physician to come to the school or a central point in the municipality and vaccinate all the children in the district against small-pox and protect them against diphtheria by inoculating them with toxoid. A second visit is made a month later when the vaccinations are checked, a second one given when necessary, and the second and last dose of toxoid given.

Going to the Need

In the local improvement districts which are in outlying unorganized territory and where it is very difficult to procure the services of a doctor, the Department of Public Health is sending a doctor to do this work. This plan is meeting with much success, the people bring their children from miles around to have them protected against these two dread diseases.

Apart from those being vaccinated through the efforts of public organizations, hundreds are being protected from these diseases by the family physician, but it might be mentioned that the Department of Public Health of Saskatchewan provides, free of charge, all vaccine and toxoid used in all cases.

The life insurance companies today are spending a great deal of money on advertising matter advising their policy holders to be vaccinated to protect them against small-pox and to be inoculated with toxoid to protect them against diphtheria. These companies are interested in prolonging life and preserving the health of their policy holders so that they will live long to pay in more premiums.

If the insurance companies think it worth while to exert so much effort for the mere saving of money, surely equal effort, at least, should be put forth for the saving of life.

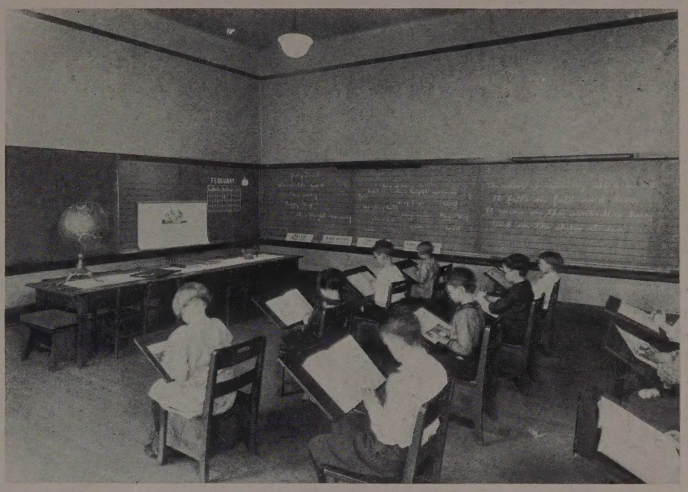
dredths vision after refraction. In this class fall congenital cataracts, hyperopia, astigmatism, and corneal opacities. In the second gruop are progressive difficulties, usually found to be myopia and combinations. No infectious trouble could be admitted of course, nor is a mentally handicapped pupil eligible. An I. Q. of more than seventy is required to enter any sight saving class.

No Special Class

No special class is conducted as a sight saving class. The children belong to the regular grade room and there they recite all oral lessons. They take part in songs, gym work, and all social activities of the regular grade. But they come to the sight saving room for all written work, study work, or any work involving eyestrain. There, with as nearly ideal lighting conditions as possible, with large type books, big chalk, and with a teacher trained to assist them according to their individual eye troubles, lessons are prepared. Lessons are read to them if necessary to reduce eye strain. The method of teaching is individual or in groups of two or three. No social contact with other children is lost, and they are wisely encouraged to minimize their handicap and to overcome it.

Each child has his eyes examined by an oculist who advises the teacher as to the kind and amount of work such child may do, when he should wear his glasses, and the time for a re-examination. This close check-up on the wearing of glasses has been found most beneficial to the children. Glasses have been worn, not frequently, in the hip pocket along with marbles, nails, etc. Every scratch on a glass is an improper refraction. Those in which the lens has slipped in the frame and are off center are very bad for the eyes. Even the most cautious mother cannot superintend them during school hours, the greater part of the day, nor can the regular grade teacher give an undue share of her valued time to the needs of any one pupil nor his glasses. Grade teachers usually welcome a sight-saving room in their building.

Teachers find that sight conservation offers pleasing advantages. It is a new field, still providing an opportunity for individual development and new ideas. There is a growing demand for trained sight-saving teachers. The demand exceeds the supply, the field is uncrowded. The small groups of children allow a peculiarly gratifying knowledge of each child. Besides these ethical advantages there is the financial inducement of from five to fifty dollars more in the salary scale than is paid to the regular grade teacher.



Not only is eyesight conserved in sight saving classes but better posture advocated. Large type books and distinguishable script on the blackboard allow easy reading.

Normal activities are followed in sight saving classes as may be seen by the excellent poster work and interesting sand table exhibit shown here.

Offer Course Again

A course is to be offered again at Peabody College, Tennessee, during the coming summer. Nashville is a stragetic point in the South, educationally, having centered here a surprisingly large number of schools.

Edison has lately said that the faculty of eyesight is all that counts toward education. Out of his own experience of almost life-long deafness he says, "Hearing is a minor faculty which is bound to disappear in time as everybody will be deaf anyway from the stupendous noises and intense strain of that sense to which modern day living subjects us."

Whether this be true or not it is certainly true that "eyes are life's most precious possession" and any assistance toward preserving them is valuable work.

Thirty-nine American and two Canadian universities offer instruction in agricultural engineering.

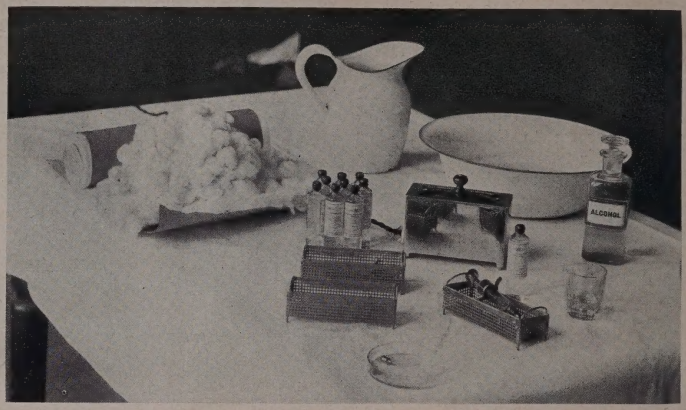
Five-Year Program of Diphtheria Prevention

Toxin-Antitoxin Clinics at Schools, Baby Stations, and Day Nurseries for Children in Grades One and Two and Kindergartens Have Successfully Opened the Campaign

By W. W. BAUER, M.D., Health Officer, Racine, Wisconsin

OUR five-year program to eliminate diphtheria by 1930 was opened October 1, 1926, with the first school clinic for toxin-antitoxin. This is a brief report of the method pursued.

We had introduced diphtheria prevention in Racine in the fall of 1923. Except for a very few immunizations done by practitioners before that time, the opening of toxin-antoxin clinics twice weekly at the health department was the first opportunity Racine people had had for protecting their children against diphtheria. We made no effort at that time to do more than offer the immunization and to talk about the advantages of having children protected. We felt that any aggressive movement at that time would have failed. In 1923, there were about twenty-five children immunized by the health department. In 1924, 270 immunizations were done and in 1925, 540 children were immunized. Up to October 1, 1926, we had added eighty-six more.



Simple equipment for toxin-antitoxin clinic. A gas or alcohol flame sterilizer may be substituted where electric current is not available. The extra trays were made locally, at a cost of about seventy cents each.

For the intensive fall campaign we prepared a special folder showing a picture of the health commissioner's four-year-old son and making the appeal for extensive diphtheria immunization upon a very personal basis as from one parent to another. With this circular we sent home a card which combined parents' consent and the immunity record that has since become a permanent part of the health department files.

The Lincoln school clinic at which 300 were immunized. Note the personnel of one doctor and four nurses. W. F. Hood, principal of the school, took an active interest in the work.

Table I shows the enrollment and the number of children immunized at twenty-six schools, two Red Cross baby stations, one day nursery, and the regular semi-weekly City Hall clinics. In considering this table, it should be noted that the enrollment of each school is given only for grades one and two and kindergartens because we offered immunization only to these and the pre-school groups. The total number of immunizations at each place cannot be compared with the enrollment, since we found, to our surprise, that immunization of older children was demanded. We neither encouraged this nor refused it.

The equipment provided for this work is shown in the accompanying picture. We found that we needed about six dozen needles at one time, three trays for the sterilizer and two 5 c.c. syringes for each doctor working, to keep freshly boiled syringes and needles always ready. We used up about a dozen needles for each three hundred children immunized, that is, nine hundred injections. We found a twenty-three gauge, ⅝ inch